

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



_	Depar	990-T		xempt Organization Bu (and proxy tax un	sines der sec	ction 6033(e))	ax Return	],	OMB No. 1545-0687  2009  Open to Public Inspection fo				
vo statute is <b>sue</b>	anterna	al Revenue Service (77)	For calendar year 2009 or other tax year beginning and ending						50 t(c)(3) Organizations Only over identification number				
	A _	Check box if address changed		Name of organization ( Check box if name changed and see instructions.)				(Empl	oyees' trust, see instructions ock D on page 9)				
	- B E	xempt under section	Print	CAREALLIANCE HEALTH S		57-0831165							
0 SI		]501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.						E Unrelated business activity codes (See instructions for Block E				
Z		408(e)							ge 9 )				
		408A 530(a) City or town, state, and ZIP code											
		529(a)		CHARLESTON, SC 29401				900	099				
			F Group	exemption number (See instructions for Block F									
	at	end of year G Che		ck organization type 🕨 🛣 501(c) corporation 🔲 501(c) trust 🔲 401(a) trust					Other trust				
		342,689,101.											
		scribe the organization	L R	EVENUE s X No									
		I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation. ▶											
						· · · · · · · · · · · · · · · · · · ·		040	\				
	$\overline{}$			<u> </u>		(A) Income			)789-1706				
	Ь				$\overline{}$	(A) illcolle	(B) Expenses	•	(C) Net				
		Gross receipts or sal		3,788.	4.	3,788.							
		Less returns and allo		c Balance	1c	3,700.							
	2	Cost of goods sold (		•	3	3,788.			3,788.				
	3	Capital gain net inco			4a	3,700.			3,700.				
				Part II, line 17) (attach Form 4797)	4Ď								
		Capital loss deduction	•	. , ,	4c								
	5	•		ups and S corporations (attach statement)	5	<del></del>							
$\Xi$	6	Rent income (Sched			6								
7	7	Unrelated debt-finan		me (Schedule E) STATUTE UNIT	7								
2 ZIII3	8	Interest, annuities, ro	ovalties, a	and rents from controlled a Galization (Sch. F)	8								
7	9			on 501(c)(7), (9), or (App galzation)									
×	:	(Schedule G)		•	9		1						
₹	10	Exploited exempt act	ivity inco	ome (Schedule I) TPR BRANCH	10								
_	11	Advertising income (	Schedul	e J) OGDEN	11								
ᆲ	12	Other income (See in	structio	ns; attach schedule.)	12								
Ξ		Total. Combine line			13	3,788.	• •		3,788				
SINCE OF THE PRINCE OF THE PRI	Pa			ot Taken Elsewhere (See instructions									
5		(Except for	contrib	utions, deductions must be directly connect	ted with t	ne unrelated busines	s income.)						
Ď	14	•		rectors, and trustees (Schedule K)				14					
-	15	Salaries and wages						15					
	16	Repairs and mainte	nance					16					
	17	Bad debts	adula)					17					
	18	Interest (attach sch Taxes and licenses			_			18_	70.				
	19 20	Charitable contribut	tione (So	e instructions for limitation rules.) VED	7			19 20	70.				
	21	Depreciation (attacl	h Form A	562)	21	21	4.						
	22	Less denreciation of	laimed o			22a		22b	4.				
	23	Depletion	adiiiioo o	n Schedule Aard elsewhere on return 013		[228]		23	-				
	24	Contributions to de	ferred co	1 1				24					
	25	Employee benefit p			1			25					
	26	Excess exempt exp	-					26					
	27	Excess readership			27								
	28	Other deductions (a	-	•	28	1,391							
	29	Total deduction				SEE STAT	_	29	1,465				
	30		ted business taxable income before net operating loss deduction. Subtract line 29 from line 13										
	31	Net operating loss		30 31	2,323								
	32	Unrelated business	taxable	ncome before specific deduction. Subtract line 31	from line	30		32	2,323				
	33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)							33	1,000				

AMENDED RETURN

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions

of zero or line 32

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller

Form **990-T** (2009)

Phone no.

(828) 254-2254

Form **990-T** (2009)

500 RIDGEFIELD COURT

NC 28806

ASHEVILLE.

employed).

ZIP code

address, and

57-0831165

Page 3

CAREALLIANCE HEALTH SERVICES

% % % % Total. Enter here and on page 1, Part II, line 14 > 0

FORM 990-T	OTHER DEDUCTIONS	STATEMENT			
DESCRIPTION		AMOUNT			
DIRECT EXPENSES-SENIOR CE INDIRECT EXPENSES-SENIOR		1,148 243			
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,391.			
FORM 990-T	INTEREST AND PENALTIES	STATEMENT			

FORM	990-T TAX COMPUTATION		STATEMENT	4
1:	TAXABLE INCOME	1,323		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	1,323		
3.	LINE 1 LESS LINE 2	0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0		
5.	LINE 3 LESS LINE 4	0		
6.	INCOME SUBJECT TO 34% TAX RATE	0		
7.	INCOME SUBJECT TO 35% TAX RATE	0		
8.	15 PERCENT OF LINE 2	198		
9.	25 PERCENT OF LINE 4	0		
10.	34 PERCENT OF LINE 6	0		
11.	35 PERCENT OF LINE 7	0		
12.	ADDITIONAL 5% SURTAX	0		
13.	ADDITIONAL 3% SURTAX	0		
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2,	LINE 35C		198